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Somerset County Council.

THE COUNTY EDUCATION COMMITTEE.

Annual Report

OF THE

SCHOOL MEDICAL OFFICER

For the Year 1935.

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County Medical Officer of Health.
County School Medical Officer.



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To the Chairman and Members of the Education Committee
of the Somerset County Council.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my Twenty-seventh Annual Report as School Medical Officer.

The report is on similar lines to those of previous years and is mainly a record of the very considerable work done. Most of it is a record of the regular progress of the work, medical inspection, dental treatment, dealing with special defectives, and the like. Small extensions were made in the work during the year but no material changes.

The scheme for cheap milk for school children has been in operation all the year and has been a great success. In time it is likely to have far-reaching influences on nutrition.

I have to thank the various Medical and Dental Officers for their valuable co-operation.

I am,

Your obedient Servant,

WILLIAM G. SAVAGE.

Health Department,
Somerset County Council,
February, 1936.

ORGANISATION.

Dr. Henderson left at the end of the year, his place being taken by Dr. Evans. Mr. Rees, one of the School Dentists, left November 14th, and was replaced by Mr. J. J. L. Hollington, who started work early in January, 1936.

Medical Inspector.	Approx. number of Children in attendance.	Inspections.				Percentage of Children inspected.	
		Routine.	Special.	Re-ex.	Total.	Routine.	All.
Dr. Parker ...	5,803	2,105	446	1,783	4,334	36.3	74.7
„ Hibbert ...	9,033	2,970	187	1,321	4,478	32.9	49.6
„ Pringle ...	8,938	3,279	304	2,199	5,782	36.7	64.6
„ Henderson	7,723	2,562	336	2,506	5,404	33.2	70.0
„ Raeburn ...	5,169	1,874	216	1,268	3,358	36.3	65.0
„ Walker ...	518	190	13	107	310	36.7	59.8
„ Halliday ...	365	116	13	64	193	31.8	52.9
TOTALS ...	37,549	13,096	1,515	9,248	23,859	34.9	63.5

MEDICAL INSPECTIONS CARRIED OUT.

The number of Elementary Schools is 450 with 497 departments.

	Urban.	Rural.	Total.
Council Schools	27	121	148
Voluntary Schools	38	264	302
TOTAL ...	65	385	450

The number of visits paid to Elementary Schools for the purpose of conducting routine inspections during the year was 1,182. The number of children inspected was 23,859, an increase of 44 on the previous year. The figures for the different groups are set out in Table I. (at end of Report).

The number of children inspected, exclusive of re-inspections, was 14,611. The number of children re-inspected during the year was 9,248, compared with 8,564 in the previous year. This is exclusive of the cases referred to the School Oculist. All the schools, except 2 Elementary Schools, were visited during the year. The percentage of parents present at routine inspections was 58.4, which is considerably above the average. Pressure of other work only allowed a second visit to be made to 53 schools.

As I explained in my Report for last year, I consider that the time has come for considerable alterations to be made as regards our methods of school inspection and that at least one routine inspection should be omitted. Although, at present, the Board of Education is unsympathetic, at the discussion on this question at the Royal Sanitary Institute meeting at Bournemouth the consensus of opinion was very definitely in favour of material changes being made.

Dr. Raeburn made an interesting set of observations to test the comparative value of a complete routine examination and a general survey of the child. His observations were confined to children in the 8—9 year group. Of 370 "routine" cases, 270 showed no defects, 84 defects detected by a survey only with 16 further defects found at the complete examination. Of 155 "special" cases, 120 showed no additional defects, 21 additional defects were detected at the simple survey while 14 additional defects were found at the complete examination. The chief interest turns upon these 30 additional defects only found at the complete examination. Eight were functional heart murmurs with no symptoms and of no significance, 1 a case of congenital heart disease with no symptoms, 15 were cases of defective vision four being severe, 2 simple enlargement of the tonsils, 1 each severe dental caries, undescended testicle, asthma with no present inconvenience, minor bronchial trouble with no symptoms.

The only important abnormalities missed and which required any action were the cases of defective vision and it is clear that this testing must not be omitted.

EXAMINATION OF SUPPLEMENTARY TEACHERS.

In accordance with the requirements of the Board of Education, 6 women teachers were examined at various times during the year and graded as follows:—

A.1.—In good health, and free from defects	...	...	...	4
A.2.—In good health, but with slight physical defects	...	...	...	2
B.1.—In good health, but with defects likely to shorten period of service	...	...	...	0
B.2.—In good health, but with defects interfering with their efficiency	...	...	...	0
B.3.—In temporary sub-normal health	...	...	...	0
C. —Unfit	...	...	...	0
				<hr/>
				6
				<hr/>

FINDINGS OF MEDICAL INSPECTIONS.

The figures for 1935 are set out in Tables II., III. and VI., which are on the same lines as last year and in the form recommended by the Board of Education.

Some of the chief percentage figures given in Table VI. are nutrition, bad or below normal, 7.2; defective hearing, 0.9; ear disease, 1.2; skin disease, 0.6; chronic tonsillitis, 4.8; adenoids only, 1.2; chronic tonsillitis and adenoids, 1.9; enlarged tonsils only, 16.3; defective speech, 1.6; dental disease, 66.6; organic heart disease, 0.2; anaemia, 1.5; pulmonary tuberculosis, definite, 0.1, suspected, 0.6. These percentages are very similar to those recorded in previous reports, but in accordance with the requirements of the Board of Education the tonsils and adenoids figures are now given in another form. The nutrition figures are considered separately.

Defective Vision.—Defects are recorded for 18.2 per cent. of the children, as shown in Table VI. This includes all degrees of defect, and is not very helpful without explanation. The percentage prevalence of defects amongst two group classes is set out below. "Slight defect" includes visual acuity of 6/9 and 6/12 and "marked defect" any greater degree of vision defect.

	8 years old.			Leavers.			Total Routine. (8 years and over).		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Slight defect ...	12.5	11.9	12.2	9.9	10.9	10.4	10.9	9.3	10.1
Marked defect...	6.7	6.2	6.5	6.4	7.7	7.0	6.1	5.8	5.9

The percentages for the 8 year old children and the "Leavers" group represent the proportion of slight and marked eye defects amongst the children. The figures for the entrants are not given as they merely represent the proportion found with defective sight amongst those presented by the teachers as having possibly defective eyesight, since entrants are not examined for eye defects as a routine measure. The number of children so presented fluctuates greatly.

During the year 1,972 elementary school cases were examined by the Oculist, 1,037 being re-examinations. In 927 of the 935 new cases errors of refraction were present. The nature of the defects found are given in the following tables:—

Errors of Refraction.	BOYS.				GIRLS.				Totals.
	Under 8.	8-9.	12 & over.	Other Ages.	Under 8	8-9.	12 & over.	Other Ages.	
Hypermetropia	68	54	37	53	72	31	41	72	428
Hypermetropic astigmatism	36	45	22	40	30	49	17	47	286
Myopia	4	5	18	10	5	8	10	10	70
Myopic astigmatism	6	6	18	10	3	6	13	8	70
Mixed astigmatism	8	2	2	6	4	8	4	9	43
Heterometropia	4	5	3	4	4	4	2	4	30
TOTAL	126	117	100	123	118	106	87	150	927
Re-examination cases	77	44	181	198	65	52	241	179	1,037
Cases without error of refraction	3	1	0	1	1	0	1	1	8

					Boys.	Girls.	Totals.
Disorders of Mobility.	{	Convergent strabismus			26	32	58
		Alternating strabismus (mainly convergent)			0	1	1
		Divergent strabismus			0	2	2
		Nystagmus			0	0	0
Pathological changes of Eye due to accident or disease.	{	Of Conjunctiva			2	2	4
		.. Cornea			2	1	3
		.. Sclerotic			0	0	0
		.. Iris and ciliary body			1	0	1
		.. Lens			1	0	1
		.. Vitreous			0	0	0
		.. Choroid and retina			0	1	1
Diseases of Adnexa of the Eye.	{	Of Eyelids			36	61	97
		.. Lachrymal apparatus			0	0	0
Congenital Disorders of the Eye.	{	Globe as a whole			1	0	1
		Cornea (conical chiefly)			0	0	0
		Sclerotic (blue)			0	0	0
		Iris and ciliary body			1	0	1
		Lens { Dislocation			0	0	0
		.. { Cataract			3	0	3
		Choroid and retina			0	1	1
		Optic Nerve			0	0	0
		Lack of pigment			0	0	0
		Eyelids			1	1	2
Headaches, and other reflex nerve symptoms associated with visual defects					108	115	223
Cases considered unsuitable for instruction in Elementary Schools and certified as "Blind"					1	0	1

In addition the County Oculist examined 159 Secondary School scholars, 38 mentally deficient persons (18 from Sandhill Park), 202 pre-school children for squint and six other persons referred to him. Five days' work (with 80 cases) was done for the Bridgwater Urban Education Authority. He also examined 33 cases in connection with the County Scheme for the Blind.

NUTRITION.

The Board of Education now asks for the particulars set out in the following table:—

Classification of the Nutrition of Children inspected during the Year in the Routine Age groups.

Age-groups.	Number of Children inspected.	A.		B.		C.		D.	
		Excellent.		Normal.		Slightly Sub-normal.		Bad.	
		No.	%	No.	%	No.	%	No.	%
Entrants	4,452	1,334	30	2,792	63	322	7.2	4	0.1
Second Age-group	3,695	1,204	33	2,153	58	322	8.7	16	0.4
Third „	4,070	1,672	41	2,168	53	220	5.4	10	0.2
Other Routine Inspections ...	879	296	34	533	61	49	5.6	1	0.1
TOTAL ...	13,096	4,506	34	7,646	58	913	7.0	31	0.2

Special attention has again been paid to the problems of nutrition. The considerable extent to which the cheap milk scheme has been adopted in the schools must have an effect upon the nutrition of the children, although its statistical influence will not be very apparent for some time. It is perhaps connected with this fact that percentage figures for nutrition, bad or below normal, which were 9.1 and 9.4 for 1933 and 1934 respectively for 1935 has fallen to 7.2.

Dr. Pringle has worked out the distribution of nutrition in his area for 3,438 children all examined in 1935. His findings are set out in the following table:—

Routine Inspections (Percentages).

Area.	A.	B.	C.	D.
	Excellent.	Normal.	Slightly Sub-normal.	Bad.
1. Urban (Weston - super - Mare and Clevedon)	25.9	56.0	16.3	1.7
2. Rural (entirely)	25.0	55.9	16.7	2.4
3. Industrial (mining villages mainly)	23.6	56.4	19.2	0.8
4. Residential villages round Bath and Bristol	30.5	55.1	13.5	0.9
5. All area investigated ...	26.7	55.9	15.8	1.6

The records all being by the same observer are comparable. Taking C. and D. together, the average for the area is 17.4. The mining area is slightly the worst, *i.e.*, 20.0, with the rural 19.1. By far the best figure is for the residential villages (Saltford, Long Ashton, Whitechurch, etc.) where the very low figure of 14.4 was obtained. The findings are interesting but the numbers examined too few for any sweeping deductions to be made.

MILK AND MEALS ON SCHOOL PREMISES.

The position as regards meals other than milk was set out in my report for last year and I have no information as to any changes.

Under the Milk Act, 1934, a scheme of the Milk Marketing Board was approved by the Ministry of Agriculture and by the Board of Education, whereby milk was made available for children in schools at the reduced price of 1/- per gallon, thus enabling it to be supplied to the children at $\frac{1}{2}$ d. for one-third of a pint, approximately at half cost. The Scheme came into operation on October 1st, 1934.

The source and quality of the milk has to be approved by the Medical Officer of Health and the School Medical Officer. This is a very necessary provision as it enables milk safe for consumption to be supplied. The types of milk authorised are milk produced from Certified or Grade A (tuberculin tested) herds or milk sold as "Pasteurised Milk" under licence of the local authority and as defined by the Ministry of Health. If none of these safe types of milk are available, as a temporary measure, ordinary milk is authorised, subject to it being brought to the boil in school before being drunk.

The position at the end of the year as regards schools in which this cheap milk was drunk was as follows:—

Schools.	Number.	Taking Milk which is			No milk.
		Grade A (t.t.)	Pasteurised.	Boiled.	
Urban Elementary ...	65	6	54	1	4
Rural ,, ...	385	18	207	69	91
Secondary 	19	4	11	1	3

Of the 450 elementary schools, the children in 5 per cent. were drinking Grade A (t.t.) milk, in 58 per cent. Pasteurised, in 16 per cent. Boiled, and in 21 per cent. taking no milk.

The number of children taking the milk fluctuates somewhat, and for example was lower in the summer, but does not vary markedly. The figures for the children are compiled from returns obtained from the Head Teachers and are not quite complete, and are probably an understatement. The figures at the end of the December term were:—18,651 children taking milk, the types of milk consumed being Grade A (t.t.) 11 per cent., Pasteurised 82 per cent. and Boiled 7 per cent.

The scheme is a voluntary one on the part of the teachers. The figures show how very widely the scheme has been taken up in the Elementary Schools and the keenness of the teachers to make it a success in spite of the considerable extra work involved. Many have remarked on the great benefit they have noticed resulting in the children from taking the milk.

The arrangement for milk for undernourished children has been amended to bring it into line with this cheap milk scheme. Where milk is provided by the County Education Authority because it is needed on medical grounds and the parents cannot afford it, the $\frac{1}{2}$ d. per third of a pint is provided by the Education Committee instead of the parents. Usually more than one-third pint a day is required. Where no milk is drunk in school the old arrangement of direct contract with the milkman is maintained.

The number of children receiving free milk at the expense of the County Education Committee was increased materially during the year, and comprised 809 children.

Milk is not only a food, it is a growth stimulant and of a value to children beyond its actual food composition. I regard it as of very great value to children, and it is of great importance that every child should have a sufficiency of pure milk. I hope this milk scheme will be continued as I am convinced it will be of marked benefit to the children.

MEDICAL TREATMENT AND FOLLOWING UP.

During the year 643 new cases were referred to the Care Visitors. Arrangements have now been made with 148 Nursing Associations. Inspections in 429 schools were attended by District Nurses, 1,076 inspections were attended by these nurses, and 2,125 cases were referred to them for home visits. Their reports state that 5,709 visits were paid to these cases.

Their reports upon the 2,125 cases referred to them for home visits show that in 1,007 cases (47 per cent.) medical treatment has been obtained, and 166 cases (8 per cent.) were under treatment by the nurse; in 384 cases (18 per cent.) no treatment was obtained; 525 cases (25 per cent.) were under supervision; and in the remaining 43 cases (2 per cent.) visits had yet to be made at the time the reports were received.

Slight degrees of nasal obstruction, probably due to adenoids, but not marked cases, are reported for breathing exercises in the schools under the direction of the teachers. Directions to parents and teachers as to treatment were given in 2,246 cases (17 per cent.) and for observation in 1,422 cases (11 per cent.). During the past year grants of milk, malt and oil, or Parrish's Food were made to 989 children at a total cost of approximately £263. Every child is selected on medical grounds. This is an increase of 243, *i.e.*, these grants have rather more than doubled, but this is money well spent.

The National Society for the Prevention of Cruelty to Children continues to afford useful service in the investigation and following up of certain difficult cases.

In 1935, 62 cases were referred to the Society's Inspectors. The number of cases under each heading is as follows:—

General neglect	...	...	45
Ill treatment at home	...	...	4
Verminous condition	...	...	4
Other	...	...	9

As regards the forty-five cases referred on account of general neglect, nineteen of these were cleared up in a very satisfactory manner; and twenty-six were under observation at the end of the year.

Two cases of ill-treatment at home were similarly dealt with; and two are still being investigated. During the year four children were referred because of their verminous condition. All of these are now clean and fit to resume school attendance.

In two cases, parents persistently disregarded our advice as to the need for providing suitable spectacles. Here again, pressure was brought to bear by the Society's Inspector and this proved most effective. Several orthopaedic cases where parents had refused to allow their children to wear the necessary calipers were also referred to the Society. In each case, the parents were successfully dealt with.

The methods of treatment for special defects described in previous reports were maintained. The following defects may be specially mentioned:—

TONSILS AND ADENOIDS.

A scheme for securing operative treatment for Tonsils and Adenoids at certain approved hospitals was started in 1920. Last year 235 recommendations were issued, and 217 operations performed. The cost of these operations was £382 19s. 0d., of which sum £20 9s. 6d. was refunded by the parents and Hospital Leagues, leaving a balance of £362 9s. 6d. to be paid by the County Education Committee. Eighteen recommendations are outstanding, involving a further sum of about £35.

TUBERCULOSIS.

During the year 86 cases of tuberculosis, or suspected tuberculosis, of the lungs were recorded amongst the routine inspections, while there were 63 suspected cases amongst those specially presented. Thirty-one cases of tuberculosis of other parts of the body were recorded, chiefly of glands, bones and joints. Of the 148 cases referred to the Tuberculosis Officers and examined, 4.1 per cent. were found to be definite cases, and a further 12.8 per cent. were marked as suspicious cases of tuberculosis.

Quantock Summer Camp. The Summer Camp in the grounds of the Quantock Sanatorium was again held during the year and on very similar lines to the Camps of 1924-34. Great care was taken in selecting the children and they were picked out by the Medical Inspectors and the Tuberculosis Officers right throughout the year, the list being revised and the children finally selected a few weeks before the Camp opened.

Forty girls were at the Camp from July 16th to August 6th, and forty boys from August 7th to September 3rd, a period of three weeks for the girls and four weeks for the boys. It was not possible to arrange four weeks for the girls. The children were regularly weighed and medically inspected while at the Camp. The benefit to the children was marked. The average gain in weight for the girls was 4 lbs. 6 ozs., and for the boys 4 lbs. 7 ozs. As before, the Camp was run mainly by voluntary help. The total expenditure was £181, of which £128 was for food. The children were well fed, and the cost of food for children and staff worked out at 13.97 pence per head per day. Each girl on the basis of a three weeks' holiday cost £1 19s. 11d., and each boy (4 weeks) £2 11s. 4d., including everything. The Education Authorities of Yeovil and Bridgwater repaid £43 16s. 0d.

RHEUMATIC HEART DISEASE.

During 1935 three Heart Clinics were held as follows:—

Centre.	Number of Clinics held.	Cases examined.			
		County.	Taunton.	Bridgwater.	Total.
Radstock	1	7	—	—	7
Taunton	1	14	2	—	16
Weston-super-Mare ...	1	11	—	—	11
TOTALS	3	32	2	—	34

These children have been grouped as follows:—

Suffering from rheumatic heart disease	...	...	...	20
Suffering from congenital heart disease	...	...	...	6
Not suffering from heart disease	...	...	...	7
Doubtful cases or cases under observation	...	...	...	1
				<u>34</u>

The diagnosis of a good many cases has been cleared up and in a number of instances children who have been stopped all games, etc., have been allowed to resume normal school life.

During 1935, four selected cases—one girl and three boys—were admitted to the Orthopaedic Hospital at Winford. Five boys and one girl were discharged; and at the end of the year two boys were still receiving treatment.

Of the six children discharged during the year, one girl after a stay of thirty-seven weeks had gained a stone in weight. Her heart lesion appeared to be quiescent and she was certified as fit to resume ordinary school attendance.

A boy from Chilcompton—admitted in 1934 for “rheumatic heart”—remained in hospital for sixty-eight weeks. This unusually lengthy period of in-patient treatment was accounted for by the fact that this boy contracted an infective staphylococcal arthritis causing acute bone infection of the leg. On discharge, his general condition was good and he had no abnormal clinical cardiac signs.

The other four boys were discharged after varying periods of from 26 to 30 weeks. The following medical reports on their physical condition are very satisfactory:—

- (a) No abnormal cardiac signs on discharge. Marked gain in weight.
- (b) and (c) Chorea cured. No abnormal clinical cardiac signs. General condition much improved. These boys are now fit to attend school and lead the normal life of boys of their age.
- (d) General condition good. No recurrence of his trouble although the rheumatic infection has unfortunately led to a mitral stenosis and some permanent impairment of the heart.

The marked improvement in these rheumatic heart cases at Winford is very evident: and, with the exception of one case, we may assume that permanent cures have been effected.

VISION AND EYE DEFECTS.

The cases of defective vision include those with slight defects which require no special treatment, and cases of decided impairment of vision or with definite symptoms of eye strain which are referred to the School Oculist. During 1935 the School Oculist examined 935 new cases and prescribed glasses in 837.

At the end of the year the number of eye centres in the County was 35, all unaltered from the previous year. Ninety per cent. of the children summoned to the different eye centres attended. Of the remaining 10 per cent. the majority attended on being again sent a notice.

During 1935 the five shillings charged for spectacles was received from 1,297 parents, while in 180 cases (as compared with 208 in 1934) the cost or part of it was provided out of County funds. The expenditure involved was £35 12s. 5d., as compared with £41 0s. 0d. in 1934. Necessitous cases requiring free repairs to frames or new lenses, etc., cost the Committee £4 5s. 6d. Carrying out the resolution of the Education Committee to pay charges for repairs above 2s. 6d. cost £2 7s. 5d. The present charge for spectacles is now rather more than their actual cost, and during the year this gave a profit of £73 10s. 1d. £42 5s. 4d. was lost on repairs and for free glasses, and £8 10s. 6d. on eye-shades. The receipts for eye material, therefore, was £22 14s. 3d. above the cost.

During the year 1,477 new pairs of spectacles were supplied, while 974 pairs previously ordered were repaired, or new lenses were fitted to old frames. Children provided with spectacles are re-examined by the Medical Inspectors at their next visit to see that the spectacles fit and have not been bent out of shape. If necessary the children are referred back to the School Oculist.

Of the 935 new cases examined, 61 were suffering from squint. Glasses were prescribed in 60 cases and obtained in 54. Eye shades were provided in 39 cases.

DENTAL DEFECTS.

The Dental Scheme only deals with children of selected special ages. Children found at Medical Inspections to have defective teeth are not treated by the School Dentists unless they come under the Scheme. They are referred for treatment as for other defects, *i.e.*, the parents are informed, the School Care Visitors have case sheets, etc. Four dentists were at work during the year. The figures set out show that 44 per cent. of the children passed through their hands.

The ages of the 18,335 children who were examined under the Scheme were 349 (5 years), 2,838, 2,756, 2,533, 2,431, 2,256, 1,910, 1,689, 1,418 and 134 (14 years).

Treatment was given to 14,606 children as follows:—

Extractions (temporary)	...	...	...	17,903
„ (permanent)	...	...	...	1,544
Fillings (temporary 660; permanent 13,981)	...			14,641
Other treatment (sealing)	...	...	...	154

	No treatment required.			Cases requiring treatment.						
	Number of Cases.	No previous treatment.	Previously treated.	Number of Cases.	Extraction temp. only.	Extraction perm. only.	Fillings only.	Extraction and fillings.	Extraction, fillings and other work.	Other work only.
Mr. Goddard ...	1,536	638	898	3,958	1,225	149	1,699	878	—	7
Mr. Nicolson ...	758	169	589	4,526	2,050	133	1,080	1,255	5	3
Mr. Crossley ...	507	134	373	2,837	764	143	755	1,136	23	16
Mr. Rees ...	928	122	806	3,285	1,963	217	568	432	4	101
	3,729	1,063	2,666	14,606	6,002	642	4,102	3,701	32	127

As in previous years the most satisfactory features of the scheme are the large number of children which yearly require no treatment and the large number of fillings and the small number of permanent teeth extracted as set out in the table. The table shows that 3,729 required no treatment, of which 2,666 had been previously treated. To this should be added, from the point of view of conservative dentistry, the 6,002 children who required temporary extractions only. This makes 9,731 children whose teeth were examined and found to be sound except for temporary extractions.

Children examined and Schools included.

District.	Number of Schools.	Number of Schools included.	Number of days worked.	Children examined.		Children treated.	
				Ages included in Scheme.	Other Ages.	Ages included in Scheme.	Other Ages.
Axbridge Area ...	40	44*	75	2,080	—	1,523	—
Weston-super-Mare...	9	9	48	1,176	3	874	2
Bath Rural ...	17	17	28	483	2	376	2
Bridgwater Rural ...	37	37	53	1,263	—	1,087	—
Chard Area ...	28	30*	60	1,489	—	1,183	—
Clutton Area ...	32	31	120	1,926	—	1,581	—
Dulverton Area ...	13	13	14	291	—	251	—
Frome Area ...	26	24	43	756	2	649	2
Keynsham Area ...	9	9	14	359	—	264	—
Langport Rural ...	24	25*	32	730	2	540	2
Long Ashton Area ...	32	28	56	1,412	—	984	—
Shepton Mallet Area	25	4	2	53	1	49	1
Taunton Rural ...	28	42*	60	1,547	—	1,337	—
Wellington Area ...	18	18	33	927	2	756	2
Wells Area ...	25	24	45	950	2	792	1
Williton Area ...	29	28	45	1,049	2	924	2
Wincanton Rural ...	27	27	40	889	5	665	5
Yeovil Rural ...	31	31	42	934	—	752	—
	450	441	810	18,314	21	14,587	19

*Twenty-one schools were inspected twice in the year.

Mr. Goddard, Mr. Nicolson, Mr. Crossley and Mr. Rees worked 810 days (211, 212, 206 and 181 respectively) during the year and examined 18,335 children, an average of 23 a day, while 18 a day were treated, the average for the previous year being 24 and 20 respectively. These figures must be considered as satisfactory in view of the difficulties of transport, administration, etc.

The cost of the dental work for the year was £3,272 (exclusive of superannuation contributions), the largest items being £2,045 salaries for dentists, £567 travelling and maintenance allowances, and £285 clerical assistance. The cost of dental materials and renewals was £113, while the amount paid for the hire of rooms was £189. The sums received as fees from parents during the year amounted to £359. The cost for each child treated works out at $4/5\frac{3}{4}$, or deducting parents' contributions, $3/11\frac{3}{4}$.

The numbers of toothbrushes sold during the last ten years are: 3,695, 3,192, 3,138, 2,511, 2,479, 2,031, 1,942, 1,990, 1,514, 1,172 (1935). The price charged is 4d.

The dental scheme has been discussed in detail in previous reports. The additional dentist is enabling some of the arrears to be dealt with but there is still a good deal of delay.

VERMINOUS CONDITION OF SCHOOL CHILDREN.

The equivalent of the time of two whole-time School Nurses was available for this and allied school work. On an average they paid two or more visits to each school in their area. All the Health Visitors did some of this work. The children examined were 23,401 boys and 26,506 girls, and of these 195 boys (0.8 per cent.) and 990 girls (3.7 per cent.) were found verminous. During the year 181 children were excluded as belonging to the persistently verminous group. Most of these cleaned up, at least temporarily, under pressure.

The following table shows the inspections made and the results. The percentages shown do not accurately indicate the relative verminous conditions in the different areas, since so much depends upon the children and schools selected.

Verminous Condition of School Children, 1935.

Sanitary Area.	Number of children inspected.		Excluded.	Prose-cuted.	Percentage verminous.	
	Boys.	Girls.			Boys.	Girls.
Axbridge	826	807	7	0	1.3	4.1
Burnham-on-Sea ...	727	764	11	0	1.7	7.1
Weston-super-Mare	590	707	14	0	1.0	5.4
Bathavon	1,740	1,655	19	0	1.0	3.6
Bridgwater Rural ...	1,950	2,011	15	0	1.3	4.6
Chard Urban	115	471	7	0	5.2	5.0
Chard Rural	236	229	3	0	0.8	2.2
Crewkerne	0	0	—	—	—	—
Ilminster	80	57	0	0	1.3	1.8
Clutton	1,748	1,732	15	0	0.6	3.6
Norton-Radstock ...	680	1,284	0	0	0.1	4.4
Dulverton	238	214	0	0	0.0	1.4
Frome Urban	896	1,349	32	0	1.2	7.7
Frome Rural	1,458	1,486	25	0	1.0	6.7
Langport	1,390	1,661	6	0	0.4	2.0
Long Ashton	1,177	1,139	3	0	0.9	4.1
Clevedon	565	586	6	0	1.1	4.8
Portishead	222	208	0	0	0.0	6.7
Shepton Mallet Urban	357	621	0	0	0.0	1.9
Shepton Mallet Rural	700	662	0	0	1.1	1.7
Taunton Rural	1,429	1,324	1	0	0.3	2.6
Wellington Urban ...	143	514	0	0	2.8	4.5
Wellington Rural ...	477	425	3	0	2.3	5.0
Wells Urban	69	443	1	0	0.0	3.6
Wells Rural	660	596	5	0	1.8	4.5
Glastonbury	27	219	1	0	0.0	1.8
Street	0	0	—	—	—	—
Williton	1,056	940	0	0	1.2	3.3
Minehead	106	407	0	0	0.0	1.0
Watchet	172	152	0	0	0.6	2.6
Wincanton	1,531	1,682	3	0	0.1	0.3
Yeovil Rural	2,036	2,161	4	0	0.1	2.1
TOTALS ...	23,401	26,506	181	0	0.8	3.7

WESTON-SUPER-MARE SCHOOL CLINIC. SUMMARY OF WORK, 1935.

Reason for examination or treatment.	Examined only.	Treated.				Total examined or treated.	Attendances at Clinic.
		Cured.	Improved.	Unrelieved.	Under treatment, etc.	Total treated.	
Fitness for School or Special Schools ...	33	—	—	—	—	33	67
Re-examined from 1934 ...	4	—	—	—	—	4	11
External eye diseases ...	23	5	4	—	1	33	46
Ear diseases: Otorrhoea, etc. ...	1	13	4	—	6	24	132
Deafness ...	1	1	2	—	—	4	20
Ringworm: Body ...	—	3	—	—	—	3	26
Scalp ...	—	—	—	—	—	—	—
Impetigo ...	—	42	—	—	1	43	120
Scabies ...	—	5	—	—	—	5	22
Eczema and other skin diseases ...	1	49	10	—	3	63	267
Minor skin injuries ...	—	43	2	—	2	47	127
Other conditions ...	131	4	4	—	6	145	224
TOTALS ...	194	165	26	—	19	404	1,062

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Total individual children examined or treated = 351.

FROME SCHOOL CLINIC. SUMMARY OF WORK, 1935.

Reason for examination or treatment.	Examined only.	Treated.				Total examined or treated.	Attendances at Clinic.
		Cured.	Improved.	Unrelieved.	Under treatment, etc.	Total treated.	
Fitness for School or Special Schools ...	22	—	—	—	—	22	27
Re-examined from 1934 ...	—	1	—	—	—	1	2
External eye diseases ...	3	2	2	—	2	9	12
Ear diseases: Otorrhoea, etc. ...	1	3	—	2	1	7	17
Deafness ...	3	—	—	—	—	3	3
Ringworm: Body ...	—	1	—	—	—	1	3
Scalp ...	—	1	—	—	—	1	2
Impetigo ...	4	13	5	—	—	22	48
Scabies ...	—	1	—	—	1	2	18
Eczema and other skin diseases ...	1	12	4	—	4	21	65
Minor skin injuries ...	4	20	2	—	1	27	61
Other conditions ...	37	2	4	1	3	47	101
TOTALS ...	75	56	17	3	12	163	359

Total individual children examined or treated = 149.

OTHER AILMENTS, INCLUDING SKIN DISEASES.

A number of cases of minor ailments are referred to the District Nurses for treatment, and during the year 206 cases were so referred. Many cases were treated at the School Clinics. In general there has been a marked decrease in recent years in the number of minor ailments to be treated.

School Clinics. There were two such Clinics at the beginning of the year, *i.e.*, at Weston-super-Mare and Frome. The table shows the work done at these Clinics. The figures are about the same as for the previous year, showing a slight increase.

Goitre. Iodised chocolates are given in selected schools to children to prevent the development of goitre. During the year this preventive treatment was given in 35 schools to approximately 1,475 children. The cost of the chocolates for the year was £11 18s. 6d.

Ringworm. From an average of over 200 cases a year (as high as 323 cases in 1911) the number of cases of ringworm of the scalp has steadily diminished until at the end of 1935 there were only 7 known cases, the lowest recorded. There were no known cases in 445 schools, one case in 3 schools and two cases in two schools (Clandown and Bishops Lydeard). The practical extinction of ringworm is very remarkable. It has greatly reduced the work of the School Clinics.

District Nurses, under the arrangements made by the County Education Committee, assisted in the treatment of 10 fresh cases and are assisting in the treatment of all the cases. Drug treatment is given at the Weston-super-Mare and Frome School Clinics. All but two of the 7 cases are attending school under the scheme, the other cases being unsuitable for the cap scheme.

Fifty-nine cases of ringworm of the body were reported and excluded until cured. The majority were back at school within a few weeks.

TREATMENT WITH ARTIFICIAL LIGHT.

Treatment with artificial light, in the form of a Mercury Vapour Lamp, is available at four centres, *i.e.*, Bridgwater, Weston-super-Mare, Yeovil and Minehead. The following tables give particulars of the cases treated, attendances and results. The education cases vary in character but many are malnourished, debilitated children and most of these derive great benefit.

Centre.	Number of Clinics held.	New cases seen.	Total Attendances.				
			Infant.	Educa- tion.	Tuber- culosis.	From outside areas.	All.
Bridgwater	79	9	90	125	112	23	350
Minehead	34	3	34	49	10	0	93
Weston-super-Mare...	80	40	31	386	110	221	748
Yeovil	56	8	21	171	96	1	289
TOTAL	249	60	176	731	328	245	1,480

	Tuber- culosis.	Rickets.	Debility and Malnu- trition.	Glands (not Tuber- culous).	Others.	Total (all cases)
Cured or improved ...	11	2	16	13	11	53
Unaltered	0	0	0	0	1	1
Worse	0	0	0	0	0	0
Still under treatment	6	4	15	4	9	38
TOTAL	17	6	31	17	21	92

The dry and sunny summer reduced the number of cases needing artificial sunlight, with an increase of patients in the later months of the year. All types of cases accepted for treatment improved, some markedly, and no ill effects have been observed. No case is treated except under careful supervision.

CRIPPLED CHILDREN.

The Orthopædic scheme, started in 1925, continues to yield most valuable results. The types of cases seen are less severe and more are postural defects. The value of the postural work done here and in the schools was pointed out in an earlier report. Dr. Forrester-Brown is in charge of all the County Clinics. Miss Mayor is in charge of the Sister's Clinics, where she follows up the cases and carries out the treatment authorised.

Voluntary helpers are available at all the Surgeon's clinics and at most of the Sister's clinics. At four Surgeon's clinics V.A.D. nurses have mainly staffed the clinics and have provided excellent Honorary Superintendents. Much transport help is also given by voluntary workers and a material part of the success of the scheme is due to this splendid voluntary help. The teachers have been very helpful in the following up of school cases, seeing that they come to school in the boots provided, wear any appliances ordered, etc.

The attendances at the Surgeon's and Sister's Clinics are shown in the following tables:—

Attendances at Surgeon's Clinics, 1935.

Dispensary.	Number of Clinics held.	New cases seen.	Total Attendances.				
			I	E	T	O	All.
Glastonbury ...	5	27	52	89	8	3	152
Radstock ...	4	25	44	73	6	—	123
Taunton ...	11	83	130	223	10	17	380
Weston-super-Mare	11	72	135	173	20	16	344
Yeovil ...	11	56	84	211	24	21	340
Frome ...	4	19	36	77	8	3	124
Bath ...	4	29	38	80	3	2	123
Bridgwater ...	5	27	41	90	23	9	163
	55	338	560	1,016	102	71	1,749

Note.—I = County Pre-school cases, E = County Education cases, T = Tuberculosis cases, O = Other cases, *i.e.*, children over age, P.A. and M.D. cases.

These attendances are nearly the same as for the previous year (1,774) but showing an increase in the pre-school cases.

Attendances at Sister's Clinics, 1935.

Dispensary.	Number of Clinics held.	Total Attendances.				
		I	E	T	O	All.
Glastonbury ...	31	86	150	15	1	252
Radstock ...	39	174	322	10	0	506
Taunton ...	39	226	252	4	8	490
Weston-super-Mare	37	240	698	15	14	967
Yeovil ...	34	123	260	16	14	413
Frome ...	23	83	148	12	6	249
Bath ...	10	12	51	0	2	65
Minehead ...	10	13	71	0	0	84
Bridgwater ...	25	130	151	39	10	330
Clevedon ...	2	3	18	0	0	21
Langport ...	11	8	56	0	0	64
Shepton Mallet ...	10	23	31	3	8	65
Wellington ...	11	22	44	2	2	70
Wincanton ...	11	29	51	0	10	90
Bristol ...	11	31	65	1	7	104
TOTAL ...	304	1,203	2,363	117	82	3,770

In addition 191 attendances have been made at a posture class at Taunton.

Bath and Wessex Children's Orthopædic Hospital.

Somerset cases in hospital during 1935.

Type of Case.	In Hospital 31-12-34.	Admitted.	Discharged.	In Hospital 31-12-35.	Average duration of each case (discharged cases only).
Non-resp. tuberculosis (bones and joints)	8	7	7	8	626 days
Congenital deformities	3	15	15	3	82 days
Poliomyelitis ...	6	10	12	4	175 days
Rickets ...	2	13	12	3	90 days
Spastic paralysis ...	0	3	2	1	103 days
Scoliosis ...	1	6	6	1	77 days
Osteo-myelitis (other than tubercular) ...	3	1	2	2	496 days
Other cases ...	7	16	15	8	106 days
TOTAL ...	30	71	71	30	

In addition to these cases a number of tuberculosis patients suffering from bone and joint diseases have been treated at Alton. During the year 5 have been sent, and on January 1st, 1936, there were 9 cases there still under treatment.

A very large number of crippled children has been seen at the different clinics, as shown in the tables. Some of them suffer from several defects and in a few a definite diagnosis has not been recorded on our records. The statement given below, while not a complete classification, gives a good idea of the types of cases which have been dealt with at the Clinics.

Cases seen at the Clinics during 1935 for the first time.

Tuberculosis of bones and joints	7
Spastic and other paralysis conditions	13
Infantile paralysis (poliomyelitis)	18
Osteo-myelitis	2
Congenital dislocation of the hip	4
Club foot	16
Other congenital deformities	19
Torticollis	13
Diseases and injuries of the toes	20
Scoliosis	13
Postural deformities:—	
General defects of posture	23
Flat foot (often with other postural deformities)	53
Knock knees (many old rickets)	39
Bow-legs	48
	<hr/>
	163
Rickets (not specially postural)	5
Injuries and accidents	12
Other defects and deformities	33
	<hr/>
	338
	<hr/>

The number of new cases seen is 15 less, the attendances at Surgeon's Clinics 25 less, and the attendances at Sister's Clinics 168 less than in the previous year. While most of the work at the Sister's Clinics has been at the major centres, the minor Clinics have been very valuable and have enabled many cases to attend for further treatment when it would have been impossible for them to travel the longer distances to the main Clinics.

A large number of cases has been provided with suitable splints and appliances. During 1935, 142 splints, etc., were supplied, 95 being calipers or other irons, while 201 alterations to ordinary boots were ordered and supervised, and 10 pairs of surgical boots provided. These appliances are obtained from the Oswestry and Wingfield Orthopædic Hospitals, as well as from the Bath Orthopædic Hospital. In addition, many plaster of Paris splints were fitted. In 1935 the number fitted was 202. The number of these splint fittings continues to increase. The cost of the splints and appliances supplied was about £267 for the whole county.

X-ray photographs of cases are required in a number of instances, either to aid in making the diagnosis or as a guide to the treatment required. Arrangements have been made with 15 hospitals, or individuals, for X-ray photographs.

The cost of the Orthopædic Scheme is apportioned between the County Education Committee, the Tuberculosis Sub-Committee and the Maternity and Child Welfare Sub-Committee. The net expenditure for the year 1935 was £5,179; for 1934 it was £5,464.

The Prevention of Crippling and Postural Conditions.

Much attention continues to be paid to this subject. The work on the prevention of postural defects and improved physical training has been continued on the lines set out in previous annual reports, and the results obtained are of great value. Undoubtedly material progress is being made largely due to the very thorough and energetic work of Miss Margery Smith, helped by the keenness of many teachers. As explained in last year's report, the basis has been broadened and much more attention can now be given to the teaching of good posture by the teachers generally. In consequence, rather less time needs to be allotted for purely remedial exercises given to selected groups of children.

Ten lectures have been delivered by the Organiser of Physical Training to classes at Minehead (approximate attendance 75 teachers) and Weston-super-Mare (160 teachers). Classes in posture exercises have been taken by the Organiser of Physical Training in the larger schools between Porlock and Williton; Weston-super-Mare and Worle. As in previous years, schools in districts where a Teachers' Course in Physical Training was to take place were visited by the medical officer and the organiser, and children having postural defects were chosen for postural exercises. This combination of the Teachers' Course with the children's posture classes stimulates the interest of the children, teachers and parents. At each of the Teachers' classes, some of these physically defective boys with one or two normal boys, attend to demonstrate correct and incorrect standing, sitting and resting positions; later in the course the boys demonstrate incorrect and correct performances of exercises from the Board of Education Syllabus of Physical Training. As Miss Smith points out, this opportunity given to the teacher to see the boys stripped to the waist arouses a concern for the wellbeing of the children which words alone could never produce; it teaches him to discern line and form of the human body which are normally so completely hidden by clothes; he realizes, usually for the first time, the prevalence of postural defect and the possibility not only of curing, but of preventing; he appreciates that the attainment of good posture affects the child mentally and morally as well as physically. The value of the recumbent position is demonstrated; and the importance of rest. The 1933 Syllabus of Physical Training emphasises the value of exercises performed in sitting and lying positions; such exercises are demonstrated to the teachers in detail and their great postural value explained. The possibility of making mats (to lie on) is usually discussed.

The posture classes for groups of children selected by the Medical Inspectors have been continued and those held by Miss Smith during the year have been:—

Bruton	...	...	...	Classes for 13 boys and 20 girls.
Washford	...	...	.. ..	19 11 ..
Watchet	...	...	.. ..	15 11 ..
Williton	...	...	.. ..	20 14 ..
Minehead	...	...	.. ..	36 girls.
Porlock	...	...	.. ..	23 boys and 10 girls.
Weston-super-Mare—				
Christchurch	...	...	.. ..	17 15 ..
Locking Road Sen.	...	...	.. ..	19 girls.
Locking Road Junr.	...	...	.. ..	17 boys and 15 girls.
Worle	...	...	.. ..	25 17 ..

As a result of the exercises the children showed a great increase of breathing capacity which varied from 0.3 to as much as 0.9 inches, the usual increase being 0.5 to 0.7 inches. Classification of the posture cases into four groups before and after the special course showed quite definite improvement.

Continuation classes have been carried out by the teachers who had previously observed the class conducted by the Organiser at Kingston St. Mary (boys and girls), Somerton (boys and girls), Crewkerne Council (boys), Crewkerne C.E. (boys), Misterton (boys), Bruton (boys and girls), Washford, Watchet, Williton, Minehead and Porlock. These continuation classes are visited by Miss Smith, and the work has been reported as being carried out in a satisfactory manner.

In addition, two special classes have been conducted at Chew Magna and Bagley Close as flatfoot was found to be prevalent in these schools; in consequence of these classes the improvement was marked.

In addition, as a school is visited in the usual way for physical training the posture of the children is always observed. Where co-operation and the sympathy of the teacher are evident special exercises or defined rest periods according to the need are recommended as required. Isolated cases and schools referred by the Medical Officers are also visited.

After the opening of the new Timsbury Senior School, Miss Smith, at the request of the Headmaster, examined the whole school as regards postural defect and the results were recorded and will be compared with conditions at subsequent examinations. An interesting feature was that the cases were examined in groups according to the junior schools, making it possible to ascertain if the poor posture was limited to particular schools; such schools could then be visited and particular attention paid to posture.

Demonstration Lectures including four talks on Posture have been given at Shepton Mallet, Bath, Frome, Bruton, Taunton, Bridgwater and Langport, and these were attended by most of the teachers in the areas concerned. A well attended meeting of teachers and parents was held in Weston-super-Mare when two films, one on "Building an A.I. Nation" and the other on "Posture", were shown, followed by a talk on posture.

SECONDARY AND CONTINUATION SCHOOLS.

As outlined in last year's Report, six definite groups of children are presented for medical inspection in Secondary Schools. These are:—

1. All entrants not previously medically inspected.
2. All entrants not examined since aged 8 years.
3. All children on reaching 14 years.
4. All leavers not medically examined within 2 years.
5. Re-examination Cases.—Those found defective at a previous examination.
6. Special Cases.—Those referred by the Head Master or Mistress for examination for definite reasons.

Each School is inspected once a year; some special visits are made from time to time.

The arrangements and facilities for medical inspection are now working satisfactorily. In this connexion the revised circular issued in 1934 to Head Masters and Mistresses seems to have cleared up several administrative difficulties relating to the work of medical inspection. It is evident that much greater interest is being taken in the general health supervision of the pupils.

There is no material increase in the number of "special" children (*i.e.*, as defined above) presented to the Medical Inspectors. The small number of 51 is in part accounted for by the re-adjustment of the routine age groups but it is evident that far more pupils should be presented as "special" cases for examination. In this connexion pupils are regarded as "special" cases for any of the following reasons:—

- (a) Doubt as to the suitability of a pupil for some portion or portions of the ordinary school work.
- (b) Suspicion of marked deterioration in a pupil's condition.
- (c) Possibility of the existence of infectious or contagious disease.
- (d) Suspicion as to the existence of physical defects, such as defective eyesight or hearing, or faulty posture.

As there is no organised system of after-care for Secondary scholars, it is particularly desirable that Head Masters, Head Mistresses, and senior Assistant Mistresses should acquaint themselves with the particulars entered by the Medical Inspector on the back of the Inspection Cards. It is only by the closest co-operation with the teaching staff that medical inspection can be of real value and service in the work of the School.

The number of scholars examined during the year and the results obtained are shown below:—

ROUTINE MEDICAL INSPECTIONS.

				Boys.	Girls.	All.
Entrants	...	...	...	400	285	685
Intermediates	...	...	...	291	238	529
Leavers	...	...	...	79	104	183
				<hr/>	<hr/>	<hr/>
			Totals	...	770	627
				<hr/>	<hr/>	<hr/>
						1,397
						<hr/>

OTHER INSPECTIONS.

				Boys.	Girls.	All.
Specials	...	...	...	26	25	51
Re-inspections	...	...	...	248	221	469
				<hr/>	<hr/>	<hr/>
			Totals	...	274	246
				<hr/>	<hr/>	<hr/>
						520
						<hr/>

The defects found among Secondary School children are enumerated in the accompanying table. The figures include specially presented as well as routine children, which prevents them from being compared closely with those from the Elementary Schools as regards the prevalence of defects.

Medical treatment for Secondary School children has not been provided, but any suspected to be suffering from tubercular infection are referred to the nearest Tuberculosis Dispensary for further examination, and, if necessary, treatment. Children with defective eyesight, who are not receiving treatment elsewhere, are offered special examination by the County Oculist. Last year such further examination was offered 158 children and accepted by the parents of 120. Of the 1,448 scholars examined as routine or special cases 235 were found to be already wearing spectacles. Where these spectacles appeared to be unsuitable further examination was offered. For these purposes no distinction is made between free place pupils and others.

Defects found in Secondary School Children.

Condition.						Number of defects.	Number referred for treatment.	Number referred for observation.
Malnutrition	...	...	...	...	...	34	2	0
Uncleanliness	...	...	...	...	...	5	5	0
Skin Disease	...	...	...	...	...	4	4	0
Ringworm: Head	...	...	...	...	...	0	0	0
Body	...	...	...	...	...	0	0	0
Defective vision	...	...	...	...	...	314	107	2
Squint	...	...	...	...	...	13	1	0
Eye disease	...	...	...	...	...	33	17	0
Defective hearing	...	...	...	...	...	6	1	0
Ear disease	...	...	...	...	...	7	4	2
Nose and Throat disease:								
Chronic Tonsillitis	...	...	...	...	...	69	2	1
Adenoids only	...	...	...	...	...	26	0	4
Chronic Tonsillitis and Adenoids	...	...	...	...	...	3	3	0
Enlarged Tonsils only	...	...	...	...	...	13	1	0
Other conditions	...	...	...	...	...	64	0	2
Teeth: Dental disease	...	...	...	...	...	534	42	0
Enlarged cervical glands	...	...	...	...	...	80	0	3
Defective speech	...	...	...	...	...	2	1	0
Heart Disease:								
Organic	...	...	...	...	...	3	3	0
Functional	...	...	...	...	...	12	0	12
Anæmia	...	...	...	...	...	29	12	0
Lung disease (non-tubercular):								
Bronchitis	...	...	...	...	...	2	0	1
Other diseases	...	...	...	...	...	8	0	2
Tuberculosis:								
Pulmonary—Definite	...	...	...	...	...	0	0	0
„ Suspected	...	...	...	...	...	3	0	3
Non-Pulmonary	...	...	...	...	...	0	0	0
Disease of the nervous system:								
Chorea	...	...	...	...	...	0	0	0
Other	...	...	...	...	...	7	1	1
Deformities	...	...	...	...	...	169	12	81
Enlarged Thyroid or Goitre	...	...	...	...	...	12	4	0
Other defects and diseases	...	...	...	...	...	39	11	0

Cases of defective vision are much fewer this year.

The nose and throat defects are now more accurately classified; and it is worthy of comment that of the 69 cases of chronic tonsillitis only two had to be referred for treatment and only one for observation. The figures under nose and throat defects are considerably down as compared with those found in 1934, and we have again noted that in a large proportion of cases infected tonsils are definitely associated with and apparently caused by dental sepsis. There is a very slight decrease in the incidence of dental disease, but relatively more cases have been referred for treatment during the year.

That there is a general improvement in the health of Secondary School pupils would seem to be indicated by the marked decrease in cases of anæmia and heart disease. The figures for these defects are only half as many as those reported in 1934. These findings are also supported by the low number of malnutrition cases.

It is encouraging to note a further marked decrease in the number of deformities found in Secondary School children. This decrease has been evident for several years now and is almost entirely due to the valuable early preventive work carried out under the County Orthopædic Scheme.

The question of overstrain in the Secondary School child has been of late much discussed. There is, however, no evidence that any factors, except in a few individual cases, have any adverse influence on the health of the children. The health and physique of the average child is definitely improving under conditions of Secondary School life, and while various factors no doubt account for this, the modern type of building is playing a very considerable part.

EXCEPTIONAL OR DEFECTIVE CHILDREN.

Table III. at the end of this report summarises and classifies all the children suffering from one defect only who were on the Special Registers of the School Medical Department at the end of 1935. A separate list is also kept of children who are suffering from the following types of Multiple Defect, *i.e.*, any combination of Total Blindness, Total Deafness, Mental Defect (Feeble-minded), Epilepsy, active Tuberculosis, Crippling or Heart Disease. This list comprises a total of 13 children (8 boys and 5 girls). Of these, 5 boys and 1 girl are epileptic and feeble-minded; 3 boys and 3 girls are crippled and feeble-minded; and another girl is crippled and epileptic.

For the purpose of calculating the incidence of defectives per 1,000 of the school children, the number of scholars on the elementary school registers last year is estimated at 41,422. The incidence calculated in this way is not strictly accurate, as normal children leave school at 14 years, while most of the defective children are retained on the Special Registers until 16 years of age.

Blind Children.

All children found or reported to be suffering from defective eyesight are referred to the County Oculist for examination, and any found to be "blind" or "partially sighted" are certified accordingly.

The 14 "blind" children recorded in Table III. represent an incidence of 0.3 per 1,000; and the 58 "partially sighted" children an incidence of 1.4 per 1,000 of the school population.

One partially sighted boy was admitted during the year to the School for the Blind at Exeter. There are now seven boys and nine girls being trained at certified Schools for the Blind.

Admission to Blind Schools or Institutions is offered to all "blind" children, if they are of suitable age and mentally and physically fit for special education. Institutional cases on attaining the age of 16 years are offered, if suitable, further training. Special Day Classes for "partially sighted" children (and the same applies to "partially deaf" children) are desirable, but their provision in a large county with scattered schools is impossible in practice. Bad-sighted or myopic children must remain in the elementary schools, but the Head Teachers are directed how to give them oral and such other instruction as is possible without detriment to their eyesight.

Deaf Children.

Children reported to be deaf are specially examined, and, if necessary, certified as "deaf" or "partially deaf." All "deaf" children are sent to certified Deaf Schools or Institutions, if they are of suitable age and mentally and physically fit for special education. Two boys and 3 girls were admitted during the year to the Royal West of England Institution for the Deaf, making a total of 11 and 10 respectively at certified Schools for the Deaf. The 26 "deaf" and 19 "partially deaf" children recorded in Table III. represent an incidence of 0.6 and 0.5 per 1,000 respectively of the school population.

Mentally Defective Children.

At the end of 1934, the Special Register contained the names of 309 feeble-minded children—187 boys and 122 girls. During the past year 42 boys and 19 girls, a total of 61 children, were certified as feeble-minded, and their names added to the Register, while the names of 34 boys and 29 girls, a total of 63, were removed owing to the children having attained the age of 16 years, left the County, or been re-graded; leaving a net total of 307 feeble-minded children (195 boys and 112 girls) on the Special Register at the end of 1935.

These 307 feeble-minded children are equivalent to 7.4 per 1,000 of the total number of children on the registers of the Elementary Schools. For the three previous years it was 7.2 for each year and for the three before (1929-31) 7.0 to 7.1.

Mental Examinations.—During the past year 156 children were examined and certified for the first time, and 65 were re-examined for re-grading or certification for Special Schools or Institutions.

The results of these examinations are shown below:—

			Schedule A.		Schedule B.	Schedule C.	Totals.
			Fit for education in an Elementary School.	Fit for Special Class for dull and backward children.	Fit for Special School.	Unfit for Special School.	
First examination—							
Boys	...	...	2	52	42	9	105
Girls	...	...	0	27	19	5	51
			— 2	— 79	— 61	— 14	— 156
Re-examined—							
Boys	...	...	0	14	30	2	46
Girls	...	...	0	1	18	0	19
			— 0	— 15	— 48	— 2	— 65
			2	94	109	16	221

The periodical mental examinations made at the Special Schools are not included in this table.

The District School Medical Inspectors are responsible for the examination of all suspected mentally defective children of school age in their areas. Dr. Stirling, the Deputy County School Medical Officer, has been responsible for the supervision and checking of records, and has also carried out numerous re-examinations of doubtful and other special cases.

Epileptic Children.

The classification of epileptic children is difficult as the severity and frequency of the attacks vary from a mild fit once or twice a year to numerous severe fits daily. Excluding children with mental defect, the majority of the juvenile epileptics in the County are of the milder grade. As will be seen from Table III., 22 are classified "severe" and 40 "not severe," equivalent to an incidence of 0.5 and 0.9 per 1,000 of the school population respectively.

Physically Defective Children.

Cases of tuberculosis are dealt with through the Tuberculosis Section of the Health Department. It has been found difficult to classify the tuberculous children into the groups suggested by the Board of Education Circular No. 1321, Table III. All tuberculous children are periodically examined and certified as to their fitness for school and no child in an infectious condition is permitted to attend school. Crippled children are recorded in Table III. and the details of the County Orthopædic Scheme are discussed on pages 19-23.

EDUCATION AND CARE OF DEFECTIVES.

Sandhill Park Institution and Special School. At the end of 1935 there were 50 boys in residence, including six from Taunton, one from Yeovil, one from Bath, and one from Dorset. At the end of the year there were 45 girls in residence at Sandhill Park, including five from Taunton Borough and one from Bridgwater Borough.

A further 5 feeble-minded boys were accommodated at the Western Counties Institution, Starcross, and one at Yatton Hall.

Yatton Hall. This Institution is primarily intended for low-grade defectives. At the end of 1935 there were in residence 31 boys and 13 girls of school age in addition to older defectives. In addition, 8 low grade defective boys were in residence at Cambridge House, Long Ashton, and 6 girls at West End House, Shepton Mallet. The accommodation is limited, and there is always a considerable waiting list for admission.

Occupation Centres. Since 1920 the Somerset Association for Mental Welfare has provided very useful Occupation Centres in various parts of the County under the supervision of Miss Penrose. Last year the Centres at Taunton, Weston-super-Mare, Bridgwater, Street and Frome were continued, and a new Centre was started at Radstock. With the exception of Street the classes are now held on five days per week. All the children attending the Taunton and Bridgwater Centres, with the exception of one imbecile and one feeble-minded boy, belong to those Boroughs, and at the end of 1935 there were on the Centre registers 33 children of school age (including seven imbecile boys) belonging to the County.

After Care of Mentally Defective Children. The Somerset Association for Mental Welfare, through its officers and Voluntary Visitors, continues its valuable work of following up and assisting defective children who have left school. Those leaving Special Schools are notified to the Mental Deficiency Acts Committee for supervision, guardianship or further institutional care as may be necessary.

During the year five boys and twelve girls were thus notified on reaching the age of sixteen, all of whom were detained at Sandhill Park.

Child Guidance Clinics. Only in 1935 has the Board of Education given permission for such Clinics to be included for grant. The purpose of these Clinics is not to investigate dull, backward or even mentally deficient children whose problems are mainly educational, but to provide means of investigating the difficult, maladjusted child. I do not consider that a Clinic is necessary or indeed very practicable in Somerset. We do come across a few such cases each year and it is proposed to investigate them more in detail, particularly as regards the home conditions. The need for expert guidance in this work may grow, but I think the best way of dealing with it is to have on the ordinary School Medical Staff one member who has a considerable knowledge of psychology and who is interested in this aspect. This qualification could be kept in mind in making new appointments.

SCHOOL HYGIENE.

Sanitary Condition of Schools. During 1934 one of the special investigations made was a detailed report upon every public elementary school in the County by the Medical Inspectors.

My report for 1934 contained a report upon the sanitary condition of all the schools. It was pointed out that a great many schools showed serious defects such as defective lighting or ventilation, that 74 schools had no water laid on to the schools, that in many instances the offices were unsatisfactory, that privies were still in use in 24 schools. Most of these defective conditions still remain unremedied.

In view of the fact that full particulars of all the defects were sent on last year to the Education Office only eight reports were made in 1935. These referred to 10 different defects, *i.e.*, defective offices 2, bad lighting 2, repairs 1, defective playground 2, inadequate heating 2, other defects 1. Two have been remedied, the other 8 defects are under consideration.

As I pointed out last year, defects such as faulty lighting, inadequate ventilation or insufficient washing facilities may be directly prejudicial to the health of the children, while also schools are the centres for education and not the least important are the lessons imperceptibly taught to the children by a sanitary environment. In some instances the only way to use the schools as environmental object lessons would be to utilise features as illustrations to the children of what to avoid.

Health Education and Hygiene Instruction in Schools.—The County has now been well covered by hygiene instruction classes to teachers and following these courses attention was directed during the last 18 months to the new Handbook on Health Education of the Board of Education. Two lecture courses held in the evenings have been given nearly all over the County to explain, elucidate and discuss this Handbook. In the autumn a different type of class was held and tried out in the Taunton area during the autumn term. The course consisted of 7 lectures, 4 being given by outside lecturers. All were illustrated, and covered the ground knowledge of health education in its widest sense. An average attendance of 30 was maintained. The attendance would have been larger but they clashed with the time of the General Election, which may have affected the attendance.

As part of the work 85 different schools were visited during the year and at many of them Health Instruction Classes were given. At others the time was occupied by discussions with Head Teachers on teaching health education in the schools. A survey is being made of the extent to which health instruction is being given as part of the regular curriculum; so far 149 schools have been surveyed in this way. Arising out of this survey, Miss Lamb remarks how very few schools have "health readers" although these were definitely recommended in the 1933 Handbook by the Board of Education. Out of 149 schools, 97 have no readers at all, and as most of these are rural schools with few teachers a good method of Health Education instruction is being lost. Five schools have obsolete books, printed 1902, 1906, etc., which are not used although in the school. Her report is to the effect that the teachers would be willing to use these books if they could get them without being too restricted on their other requisitions. I would strongly recommend suitable "health readers" being provided in every school and the teachers be urged to make use of them.

The Health Exhibition has been held at 14 centres, and at most of these older children have been invited and suitable instruction given on various aspects illustrated by the Exhibition.

In the Spring term, 2 lecturers were again lent by the Dental Board to visit elementary schools and give lessons in dental care. Thirty schools were visited. The skilful way the lecturers presented the facts and the very excellent models used made these lessons very attractive to the children, and all the teachers consulted found the demonstrations and lessons most helpful. The area selected during the year was mainly in Wincanton Rural, with parts of Chard Rural and Crewkerne.

The health journal, "Better Health," has been continued throughout the year and in addition to the ordinary health matters it always contains an article specially written by one of the County staff with special reference to conditions in Somerset. It is supplied free of charge to all Head Teachers and to a good many other teachers on their paying the postage. It continues to be appreciated.

Physical Training. I am indebted to the Chief Education Officer for the following particulars of the work of the Physical Training Instructors:—

The Organising Instructors of Physical Training have paid visits during the past year to 403 Public Elementary Schools.

Teachers' Classes and Lecture Demonstrations. In the Summer and Autumn terms of 1935, courses of ten meetings of two hours duration were held at Minehead (2) and Weston-super-Mare (4). The Spring Term was devoted to lecture demonstrations, of four hours duration, at Shepton Mallet, Bath, Frome, Brinton, Taunton, Bridgwater and Langport. These consisted of lecture-discussions, and practical demonstrations of lessons (infants, juniors and seniors) based on the 1933 Syllabus of Physical Training issued by the Board of Education. Since the publication of the new Syllabus, lecture demonstrations or teachers' courses have been held throughout the whole county and the syllabus has now therefore been explained and illustrated to the staffs of the majority of the elementary schools. A list of schools represented at these courses was kept and where it was found that teachers from certain schools had been unable to attend, a special visit was paid to those schools by one of the organisers. It is thus to be expected that every school in the County is now working on the new syllabus. Teachers from the Boroughs of Taunton, Yeovil and Bridgwater attended these teachers' courses, all schools in the Boroughs being represented. At the conclusion of the course at Weston-super-Mare, a conference of Head Teachers was held at which approximately sixty teachers were present. Short helpful addresses were given by Mr. Moore, H.M.I., and Mr. Booth, H.M.I. A resumé of the more important features of the new work was presented, with demonstrations of various grades of lessons. It was not felt necessary to hold such a conference at Minehead as, with the exception of two, every head teacher in the district attended the Course.

Physical Training in the Schools. Since the introduction of the New Syllabus there has been a marked change in the attitude of both teacher and child to "Exercise". The work is taken much more regularly out of doors, and in the majority of schools this is a daily practice except in bad weather, when usually it is taken indoors. The children are encouraged to remove surplus clothing and to bring to school a pair of light shoes for the physical training lesson. The question of shoes is a difficulty in some of the poorer schools, but in several cases the teachers have devised schemes whereby a sufficient supply of shoes is made available to equip each child. Such arrangements reflect great credit on the teachers concerned, since much effort and enthusiasm are required to raise the necessary funds. The value of light footwear is shown by the results following its use, and indeed some exercises cannot be performed satisfactorily in heavy footwear.

The health, physique, posture, muscular development and control of the children are quite definitely improving where the physical training lesson is conscientiously taken. It is gratifying to see this improvement from year to year, and to receive reports from Head Teachers that this improvement is reflected in the mental and moral outlook of the children. The fact that so many children now remove some portion of their clothing for the lessons has brought about a betterment of personal hygiene.

It is very beneficial for children to be able to use grass pitches for physical training and games and whenever such facilities are available full use is made of them.

County School Games Association. Owing to the Jubilee celebrations and the consequent tax on the teachers' energy and financial resources, the activities of this Association suffered a set-back in 1935. At the Annual Athletics Sports Day, held at Ilminster, only eight areas contested, but many other areas were able to hold their own local sports. The Swimming, Football (Rugby and Association) and Netball Sections have been as active as formerly and a Hockey Section has now been formed.

Exercise for Adolescents and Adults. Although the need for Health and Recreative Exercises for adolescents and adults was realised, and something had been done in this direction in Somerset in an experimental way, it was not until the Organisers attended the Conference in London of the Central Council of Recreative Physical Training that it was ascertained how widespread, in fact, national, this demand has now become. The Conference, under the Chairmanship of Lord Astor, was representative of numerous bodies interested in the well-being of young people. The experience in Somerset in the last eighteen months had been that repeated requests from various organisations for speakers and leaders for this new branch of physical education could not be met, and as a result, the Somerset Rural Community Council formed a sub-committee of their Health Committee, and requested the Somerset Education Committee to allow their Organisers of Physical Training to serve thereon. The permission was granted on the understanding that they would act in an advisory capacity only. Subsequently a Conference of all interested in the movement was held at Taunton School in October which was attended by approximately sixty people from all parts of the County. Following an introduction by Mr. S. H. Cair, addresses were given by the organisers and about 30 men and women took part in a practical class. This outstanding response has resulted in the formation of (i) a class for leaders and others, taken in Taunton by the Gymnastic Mistress of Bishop Fox's School; (ii) a similar class in Frome, taken by the Gymnastic Mistress of the Frome County School; (iii) weekly classes at Queen Camel, Wellington and Wiveliscombe; and (iv) the formation of a 3-day Residential Course at King's College, Taunton. The latter Course was conducted by the Organiser of Physical Training for Sunderland, Miss Norah Reed, the pioneer of the "Keep fit" Movement. About 50 people attended, 39 taking the full course (of whom 32 were Somerset teachers). Since this Course was organised, the Chief Medical Officer of the Board of Education has commended the "Keep fit" Movement on pages 46 and 47 of his Annual Report.

INFECTIOUS AND CONTAGIOUS DISEASES IN SCHOOLS.

During the year 33 schools or departments were closed on account of infectious disease; 27 under Article 23 (b) of the Code by the School Medical Officer, and 6 under Article 22 of the Sanitary Authority on the advice of their Medical Officer of Health.

The Schools were closed for the following diseases:—

Scarlet Fever	...	...	...	1
Diphtheria	...	...	...	1
Measles	...	...	...	7
German Measles	...	...	...	1
Whooping Cough	...	...	...	12
Colds	...	...	...	4
Influenza	...	...	...	5
Chicken Pox	...	...	...	2
				<hr/>
				33
				<hr/>

So far as possible schools are not closed for infectious disease and reliance is placed upon the exclusion of cases and suspected cases. The present policy of Senior and Junior Schools adds considerable difficulties in the way of the spread of infectious diseases, owing to the greater mixing of children from different areas.

Under the regulations of the Board of Education 95 certificates for weekly attendance below 60 per cent. were issued in respect of 46 schools or separate departments.

The cases excluded by the School Medical Officer or his Assistants during the year were 258. Of these, 18 were for ringworm, 24 for verminous condition of head or body, 73 for other skin diseases, while the remainder were for a variety of conditions. In addition, 18 cases of actual or suspected phthisis and 23 of other varieties of tuberculosis were excluded by the County Tuberculosis Officers.

LABORATORY.

During the year 13,296 samples and specimens were examined in the County Laboratory. The greater number were in connection with Public Health work. 8,522 suspected diphtheria swabs were examined, the majority being from children of school age; 81 specimens of hairs and stumps from suspected ringworm cases were examined; of these, 25 showed the ringworm fungus, while the remaining 56 were negative. Of these 81 specimens, 58 were taken by the School Medical Inspectors or the Health Visitors, and 23 were examined for private practitioners and district nurses.

TABLE I.

Number of Children Inspected 1st January, 1935, to 31st December, 1935.

A.—Routine Medical Inspections.

						Boys.	Girls.	Total.
Number of Code Group Inspections—								
Entrants	...	...	...	...	...	2,314	2,138	4,452
Intermediates	...	...	...	...	...	1,925	1,770	3,695
Leavers	...	...	...	...	...	2,152	1,918	4,070
						6,391	5,826	12,217
Number of other Routine Inspections ...						435	444	879
TOTAL ...						6,826	6,270	13,096

B.—Other Inspections.

Number of Special Inspections ...	...	...	...	747	768	1,515
Number of Re-inspections	...	...	...	4,786	4,462	9,248
TOTAL	...	...	...	5,533	5,230	10,763

TABLE II.

A.—Return of Defects found in the course of Medical Inspection, 1935.

DEFECT or DISEASE.						Routine Inspections.		Specials.	
						Number referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.
(1)						(2)	(3)	(4)	(5)
Malnutrition	...	...	...	...	...	260	11	120	0
Uncleanliness—									
Head	...	...	...	...	...	73	2	22	0
Body	...	...	...	...	...	13	3	3	0
Skin	...	Ringworm—							
		Head	...	...	...	4	0	4	0
		Body	...	...	...	16	1	5	0
		Scabies	...	...	...	2	0	4	0
		Impetigo	...	...	...	24	0	30	0
Eye	...	Other Diseases (Non-Tuberculous)							
		Blepharitis	...	...	...	22	1	15	0
		Conjunctivitis	...	...	...	113	8	44	2
		Keratitis	...	...	...	5	0	1	0
		Corneal Opacities	...	...	...	0	0	0	0
		Defective Vision	...	...	...	1	0	1	0
		Squint	...	...	...	642	268	254	8
		Other Conditions	...	...	...	69	40	36	1
		Defective Hearing	...	...	...	43	7	31	1
		Otitis Media	...	...	...	22	8	20	2
Ear	...	Other Ear Diseases	...	...	40	9	22	4	
		Chronic Tonsillitis	...	...	16	2	10	1	
		Adenoids only	...	...	57	76	44	5	
Nose and Throat	...	Chronic Tonsillitis and Adenoids	...	...	27	47	19	6	
		Enlarged Tonsils only	...	...	163	41	79	7	
		Other Conditions	...	...	26	113	11	5	
		Enlarged Cervical Glands (Non-Tuberculous)	...	...	16	51	20	9	
Defective Speech	...	...	...	...	11	20	1	2	
Teeth—Dental Diseases	...	...	...	...	8	12	3	1	
					213	3	36	0	
Heart and Circulation	...	Heart Diseases—							
		Organic	...	...	...	17	13	10	2
		Functional	...	...	...	3	158	1	20
Lungs	...	Anæmia	...	...	...	91	3	49	6
		Bronchitis	...	...	...	30	25	10	4
		Other Non-Tuberculous Diseases	...	...	...	20	16	9	1
Tuberculosis	...	Pulmonary—							
		Definite	...	...	...	13	0	1	0
		Suspected	...	...	...	8	65	0	63
Nervous System	...	Non-Pulmonary*				25	2	4	0
		Epilepsy	...	...	...	7	3	4	1
		Chorea	...	...	...	4	0	5	0
		Other Conditions	...	...	...	12	14	11	6
		Rickets	...	...	...	27	11	4	1
Deformities	...	Spinal Curvature	...	...	...	0	1	0	0
		Other Forms	...	...	...	173	627	51	83
Goitre	...	...	...	...	...	56	10	28	1
Other Defects and Diseases	...	...	...	...	...	239	24	185	23

*The routine cases consisted of 17 glands, 7 hip, and 3 other forms. Two gland cases were kept under observation; all the others were referred for treatment. The specials were 1 gland, 1 bones and joints, and 2 others, all referred for treatment.

B.—Number of Individual Children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
(1)	(2)	(3)	(4)
CODE GROUPS:			
Entrants	4,452	652	14.6
Intermediates	3,695	647	17.5
Leavers	4,070	586	14.4
Total (code groups)	12,217	1,885	15.4
Other routine inspections	879	158	18.0

TABLE III.

Return of all Exceptional Children in the Area.

			Boys.	Girls.	Totals.	
BLIND	Suitable for training in a School or Class for the totally blind	Attending Certified Schools for the Blind	5	7	12	14
		Attending Public Elementary Schools	1	1	2	
		At other Institutions	0	0	0	
		At no School or Institution ...	0	0	0	
PARTIALLY SIGHTED	Suitable for training in a School or Class for the partially sighted	Attending Certified Schools for the Blind	2	2	4	58
		Attending Public Elementary Schools	22	24	46	
		At other Institutions	0	0	0	
		At no School or Institution ...	3	5	8	
DEAF	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools for the Deaf	11	10	21	26
		Attending Public Elementary Schools	3	2	5	
		At no School or Institution ...	0	0	0	
PARTIALLY DEAF	(ii) Suitable for training in a School or Class for the partially deaf	Attending Public Elementary Schools	5	10	15	19
		At no School or Institution ...	0	4	4	
MENTALLY DEFECTIVE	Feeble-minded (cases not notifiable to the Local Control Authority)	Attending Certified Schools for Mentally Defective Children ...	46	39	85	307
		Attending Occupation Centres ...	18	8	26	
		Attending Public Elementary Schools	79	40	119	
		At other Institutions	1	0	1	
		At no School or Institution ...	51	25	76	
EPILEPTICS	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics	1	0	1	22
		Attending Public Elementary Schools	9	5	14	
		At no School or Institution ...	3	4	7	
	Suffering from epilepsy which is not severe	Attending Public Elementary Schools	15	13	28	40
		At no School or Institution ...	9	3	12	

TABLE III. (continued).

			Boys.		Girls.		Totals.	
PHYSICALLY DEFECTIVE	Active pulmonary tuberculosis (including pleura and intra-thoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	0	0	0			
		At Certified Residential Open-Air Schools	5	5	10			
		At Public Elementary Schools ...	4	4	8			
		At no School or Institution ...	0	3	3			21
	Quiescent or arrested pulmonary tuberculosis (including pleura and intra - thoracic glands)	At Certified Open-Air Schools ...	0	0	0			
		At Public Elementary Schools ...	59	62	121			
		At no School or Institution ...	28	23	51			172
	Tuberculosis of the peripheral glands	At Certified Residential Open-Air Schools	3	4	7			
		At Public Elementary Schools ...	29	41	70			
		At no School or Institution ...	0	0	0			77
	Abdominal tuberculosis	At Public Elementary Schools ...	6	9	15			
		At no School or Institution ...	0	0	0			15
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	7	6	13			
		At Public Elementary Schools ...	4	2	6			
		At no School or Institution ...	5	2	7			26
	Tuberculosis of other organs (skin, etc.)	At Public Elementary Schools ...	0	0	0			
		At no School or Institution ...	0	0	0			0
	Delicate Children	At Certified Residential Open-Air Schools	2	3	5			
		At Public Elementary Schools ...	108	72	180			
		At no School or Institution ...	3	4	7			192
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, rheumatic heart, etc.	At Certified Hospital Schools ...	12	3	15			
		At Residential Schools for Cripples	0	1	1			
		At Public Elementary Schools ...	56	48	104			
		At no School or Institution ...	13	10	23			143
	Children suffering from severe heart disease	At Certified Hospital Schools ...	2	0	2			
		At Public Elementary Schools ...	1	0	1			
		At no School or Institution ...	1	1	2			5

TABLE IV.

Treatment of Defects of Children during 1934.

A.—Treatment of Minor Ailments.

Disease or Defect.	Referred for treatment.	Number treated.	Results of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged.		
Skin—							
Ringworm—Head ...	28	27	18	6	3	1	96
" Body ...	70	68	68	0	0	2	97
Scabies ...	31	28	28	0	0	3	90
Impetigo ...	242	231	213	4	14	11	95
Minor Injuries ...	52	46	39	4	3	6	88
Other Skin ...	89	77	46	11	20	12	87
Ear Diseases ...	130	108	71	15	22	22	83
Eye Diseases (External and other) ...	133	97	57	17	23	36	73
Miscellaneous ...	169	133	103	14	16	36	79
	944	815	643	71	101	129	86

B.—Treatment of Visual Defects.

Number referred for refraction, etc., 1934.	Number examined by County Oculist.					Number absent.	Number obtaining treatment elsewhere.
	For whom spectacles prescribed.	For whom spectacles obtained.	Other forms of treatment advised.		Number for whom no treatment necessary.		
			Obtained.	Not obtained.			
1,164	942	905	8	0	101	109	4

C.—Treatment of Defects of Nose and Throat.

Referred for treatment.	Number treated.	Received operative treatment.	Received other forms of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged.		
694	511	355	34	71	51	183	74

TABLE V.

Summary of treatment of Defects during 1934.

Disease or Defect.	Referred for treatment.	Number treated.	Results of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged.		
Minor Ailments	944	815	643	71	101	129	86
Visual Defects (including Squint)	1,164	954*	917	0	37	109	91
Defects of Nose and Throat	694	511	389	71	51	183	74
Dental Defects	236	144	113	25	6	92	61
Malnutrition	658	514	66	265	183	144	78
Defective Hearing	50	43	26	8	9	7	86
Defective Speech	9	6	2	3	1	3	67
Enlarged Cervical Glands (Non-T.B.)	19	14	8	3	3	5	74
Heart Disease—							
Organic	34	19	0	3	16	15	56
Functional	11	8	4	1	3	3	73
Anæmia	207	175	65	93	17	32	85
Lung Disease (Non-T.B.)	102	84	52	21	11	18	82
Tuberculosis—							
Pulmonary—							
Definite	9	4	0	4	0	5	44
Suspected	22	11	3	7	1	11	50
Non-Pulmonary ...	36	17	2	11	4	19	47
Disease of Nervous System	49	33	15	13	5	16	67
Deformities	325	245	17	138	90	80	75
Goitre	124	91	12	42	37	33	73
Other	266	195	101	47	47	71	73

*In addition 101 children attended and were examined but no treatment was necessary.

TABLE VI.

Summary relating to Children Medically Inspected at the Routine
Inspections during the Year 1935.

(1) The total number of children medically inspected at the routine inspections	13,096	Percentage Prevalence.
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footwear) who require to be kept under observation (but not referred for treatment)	1,422	10.9
(3) The number of children in (1) suffering from :—		
Malnutrition	944	7.2
Skin Disease	83	0.6
Defective Vision (including Squint)	1,663	12.7
Eye Disease	250	1.9
Defective Hearing	98	0.7
Ear Disease	158	1.2
Nose and Throat Disease—		
Chronic Tonsillitis	627	4.8
Adenoids only	154	1.2
Chronic Tonsillitis and Adenoids	251	1.9
Enlarged Tonsils only	2,140	16.3
Other Conditions	300	2.3
	3,472	26.5
Enlarged Cervical Glands (Non-Tuberculous)	2,353	18.0
Defective Speech	216	1.6
Dental Disease	8,711	66.6
Heart Disease—		
Organic	30	0.2
Functional	161	1.2
	191	1.5
Anæmia	190	1.5
Lung Disease (Non-Tuberculous)—		
Bronchitis	112	0.9
Other Diseases	90	0.7
	202	1.5
Tuberculosis—		
Pulmonary—Definite	13	0.1
Suspected	73	0.6
Non-Pulmonary	86	0.7
Disease of the Nervous System	27	0.2
Rickets	107	0.8
Deformities	328	2.5
Goitre	1,327	10.1
Other Defects and Diseases	171	1.3
	406	3.1

